

**Detroit Public Schools**  
**RESOURCE COORDINATING TEAM**  
**INTERVENTION ACTION PLAN AND LOG**

Name: \_\_\_\_\_ B.D: \_\_\_\_\_ Sex: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
Referring Source: (Teacher, Staff, or Parent) \_\_\_\_\_

**AREAS TARGETED FOR INTERVENTION:**

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**INTERVENTIONS**

STRATEGIES	Person Responsible	Date Achieved

**Projected Date of Reassessment/Progress Update:** \_\_\_\_\_

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☐ Plan Revised      ☐ Plan Continues      ☐ Case Closed      ☐ Other Referrals

**Revised Plan:**

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